

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MT	62007	5/4/00
O.I.P.E. CLASSIFIER		2	11/1/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		64694	7-11

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	1	1	1/22/00
2	2	2	5/30/00
3	3	3	10/10/00
4	4	4	11/1/00
5	5	5	4/17/03
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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